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	ETHICS AND	FORM	STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FORM	- JOHE DU.	DR-1	OF ORGANIZATION
This is an Initial" Statement of Organization 2000 JUN	-9 AH Reset Form	(Rev. 04/2008) For Office Use (
This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the comm	nittee's accepting contributions,	Comm. #	
making expenditures, or incurring indebtedness exceeding \$750. Amendment	n A candidate with an open	Indexed	
and the state of t	SAZ CIDICI G LIGH OF CHILOTICS	Computer	
DR-1 disclosing information concerning the campaign for the new office sough COMMITTEE NAME	andidate's last name in the name	of the committee.)	
Linn County Republican	Women	PAC#	7613
IMPORTANT: Indicate type of committee you are reporting for	Statement of DAC (3)State Party (L \County Central Co	mmittee
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)S (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Local Ballo	olitical Subdivision Candidate(I t Issue (including committee Inv	B County PAC (9) Olved in multiple cit	City PAC vicounty ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	andidate's committee)
(TRO-TEM) Karen Balderston	Name + Karen B	alderst	on
Meiling Address	Mailing Address + 3978 Sutten Road City, State + Zip Code + + 52214 Central City, TA 52214		
Meiling Address + Sutton Road Gity, State + + Zip Code + + 52214 Central City IA 52214	City, State + Zip Code +	+ A 5 3	214
Central City IA 52214	Central City	1296	
Phone (319) 360- 7395	Phone (319 360		ol. Com
eMail RKBYBUSINES @ a.61. Com INDICATE PURPOSE OF COMMITTEE - Check One Box & Adva	e-Mail RK B4 BUS	Advocate for ballot is	sue(s)
Comment or description:	County/Local Candidates		
All Candidates Enter: Office Sought:	Court of		
Political Party (If applicable)	County:(If active in multiple ballot i	ssue elections, attach	list of countles
District:	Date of Election:		
Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address o	Parent Entity (PAC	s, if apolicable),
	2nd District,	Affiliate, or Spoase	<u>×</u>
Linn County Republican Women Name of Financial Institution/type of Account ++	Mailing Address 1	7	DOIN SOL
Name of Financial Institution/type/tor Account	180 Schools	Freet	
Farmers State Bank Mailing Address	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
1240 8th Ave. POBOx 569 City 1 + State 1 + Zip + +	Markon	Γ_A	52302
1	Mailing Address 1 180 Schools City 1 1 Marlon Phone (319, 377-	0773	
Marion Iowa 52302	e-Mail discotter	10512 CO	n
STATEMENT OF AFFIRMATION: By filing this document the committee aff	Erme the following:		
AGA TENERAL OF A CEIDMATION. By Slind this document the committee all			
STATEMENT OF AFFIRMATION. By Ining this described with the committee understand the	it they are subject to the laws in lowa	Code chapters 68A an	d 68B and the administrative
 The committee and all persons connected with the committee understand that rules in Chapter 351 of the Iowa Administrative Code. 	at they are subject to the laws in lowa	s those reports on or hi	ofore the required due dates
1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of discloss subjects the candidate or chairperson (in the case of committees other than a calculate of characteristics of other criminal and civil sanctions.	at they are subject to the laws in loware reports and that the failure to fix andidate's committee) to the automati	e these reports on or be c assessment of a civil	efore the required due dates penalty and the possible
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